

National Institute for Health and Care Excellence
Clinical Guideline: Postnatal care up to 8 weeks after birth (full update)
Stakeholder Scoping Workshop – Collated Notes
Thursday 21 September 2017

Presentations
<p>The groups were welcomed to the meeting and informed about the purpose of the day. The Stakeholder Scoping Workshop is an opportunity for stakeholders to review the draft scope and give their input into whether it is clinically appropriate.</p> <p>The group received presentations about NICE’s work, the work of the National Guideline Alliance (NGA) and the work of the public involvement programme. The NGA Clinical Advisor also presented the key elements of the draft scope.</p> <p>The stakeholder representatives were then divided into 4 groups which included a facilitator and a scribe. Each group had a structured discussion around the key issues.</p>
Scope
General comments
<p>Stakeholders discussed the overall scope and raised points including:</p> <ul style="list-style-type: none">- taking a positive view of wellbeing- the duration of the postnatal period, which was generally agreed to be 8 weeks- the question of management of postnatal care for multiple births- postnatal visits are not just for problems but to check on the woman and her baby- the importance of good mental health, emotional health and support in the postnatal period- close and loving relationships are important- taking into account women and babies who may be in hospital for longer periods, for example a baby in a neonatal unit- postnatal care plans could be put in place during the antenatal period and communicated between professionals- a high percentage of women give birth by caesarean section and should be included in postnatal care- postnatal care is included in the national maternity notes system in some parts of the NHS- there are big variations in services across the country- prevention is key in postnatal care.
Section - Groups that will be covered
<p>The population included in the scope was agreed by stakeholders. Other groups highlighted for consideration were:</p> <ul style="list-style-type: none">- carers and foster parents who receive the newborn baby into care before 8 weeks- some preterm babies could be suitable for normal postnatal care.- families and partners.

Postnatal care up to 8 weeks after birth stakeholder scoping workshop discussion notes – Collated notes

Equalities
<p>The specific equalities issues discussed regarding postnatal care up to 8 weeks after birth included:</p> <ul style="list-style-type: none"> - cultural differences and the potential impact on postnatal care needs - access to services: women in inner city areas may be disadvantaged as well as those in rural areas - women who develop medical conditions during pregnancy are more vulnerable - vulnerable women were described as those affected by domestic violence, substance misuse, refugees, asylum seekers, women in prison, or with pre-existing mental health problems - those women whose first language is not English - the incidence of smoking is higher in vulnerable groups - age 19 is the usual cut-off for young people's services - some women feel discriminated against if they do not breastfeed.
Section - Settings
<p>There was general agreement with the settings that will be covered by the postnatal care up to 8 weeks after birth guideline. There were questions as to who funds health visitors and children's centres, as these should be included in the settings, as well as the home. This might be funded by the local authority rather than the NHS.</p>
Key areas that will be covered
<p>The Stakeholders discussed the proposed key areas in the scope. There was general agreement that the key areas include the important areas in postnatal care. There was discussion of changing the wording of some questions to be more focused on wellbeing and on the aspect of mental health.</p>
Areas that will not be covered
<p>General comments from the stakeholders included:</p> <ul style="list-style-type: none"> - While professional competencies are not being covered, it is important that staff are appropriately trained for their roles in postnatal care. - Contraception is important in the postnatal period.
Section - Main outcomes
<p>Overall, the stakeholders were satisfied with the outcomes suggested. Wellbeing is important and should be covered in quality of life. 'Rates of breastfeeding' might be changed to 'rates and duration of breastfeeding'.</p>
Section - Key areas and questions
<p>The stakeholders discussed the key areas and questions, and general comments included: Area: Planning the content and delivery of care</p>

- The length of postpartum stay should be individualised and is affected by several factors such as mode of birth and the number of previous pregnancies. Consider instead reviewing the factors that determine the minimum safe stay.
- For home births consider how long the midwife should stay.
- Consider the optimal postnatal environment including temperature and food.
- Ensure that home birth is included: consider changing the wording of 'post-discharge' to 'post-birth'.
- Communication from professionals is very important, particularly across different cultures.
- Clarify what is meant by transfer of care.
- The woman should be checked early on and not just at 8 weeks. The optimal time should be considered.
- Consider how care will be delivered: by 2020 it is likely to include remote video link and helplines.
- Consider another question on the continuity of care/carer.

Area: Identifying and assessing health problems in mothers

- The definition of sepsis might be expanded to include general sepsis.
- Consider whether management of conditions is covered elsewhere.
- Consider management of perineal pain as it affects sitting and therefore feeding too, and some pain killers are contraindicated when breastfeeding.
- Consider the topic of risk of blood clots after birth.
- Consider a broad question on how to assess the woman's health and wellbeing.
- Consider the topic of postpartum psychosis.
- There are other guidelines from NICE related to some of these topics.

Area: Identifying and assessing health problems in babies

- Identifying life threatening conditions in babies is critical.
- What 'parents value' is not a useful criterion, consider changing this wording to 'need'.
- Consider sleeping issues for the baby.
- Consider a question on oral thrush for the baby.
- Consider having 1 question on information on routine care for normal babies and a separate question on signs and symptoms of unwell babies.
- Baby jaundice is still being missed.
- The Royal College of Midwives has commissioned a skin care guideline.
- Consider a question on what helps to promote the health and wellbeing of the mother and baby 'dyad'.

Area: Planning and management of babies' feeding

- Breast feeding questions should include short and longer-term time frames (starting and sustaining feeding).
- Give information to parents on formula feeding as this is currently lacking. Information on bottle feeding can be biased and marketing-based.
- Breast feeding initiation information should be given before birth.
- Skin to skin contact between the woman and her baby is important in promoting breastfeeding.

Section - Economic aspects

No comments were made on the health economics sections of the scope.

Guideline Committee composition

Stakeholders made the following comments on the proposed members of the Guideline Committee:

- the role should be family nurse practitioner not practice nurse (co-opted member)
- paediatrician for normal babies aged 1 – 8 weeks, rather than “in the community”
- the obstetrician and neonatologist might be full or co-opted members
- the obstetric physician is not necessary
- the breastfeeding lead might become an infant feeding lead instead
- consider making the mental health professional a full member of the committee
- the GP should have a special interest in neonatal care
- the lay members should ideally have experience from vulnerable groups of women.

There was some discussion on whether the following roles might be added to the committee:

- maternity support worker as a full member, as they carry out a lot of postnatal care.
- neonatal nurse (full or co-opted)
- infant feeding clinical expert
- transitional care nurse
- infant mental health specialist
- clinical network lead or local maternity service (LMS) lead
- co-opted roles could include a partner, children’s centre worker or peer supporter